

TO BE FILED WITH

100674  
*[Handwritten scribble]*

# Commonwealth of Kentucky

## Department of State



To GEORGE GLENN HATCHER,  
Secretary of State, Frankfort, Kentucky

### Annual Verification Report of Statement of Corporation Foreign or Domestic

THE NAME OF CORPORATION IS Falls City Mutual Fire Insurance Co., Inc.  
THE HOME OFFICE IS 749 E. Jefferson St. Louisville, Ky.  
A CORPORATION OF THE STATE OF Kentucky  
The records in the office of the Secretary of State of Kentucky should indicate that  
Charles A. Blatz was named our process agent, and that 749 E. Jefferson St.  
Louisville, Ky. was designated as the place of business in Kentucky on the Statement of  
Corporation filed in said office on the 25th day of June, 1940.

Is the above information correct? yes.

Do you know that if you have designated a process agent and named a place of business, and a change is caused by death or otherwise of the agent, or by changing location of office or offices, that you must file a new statement of corporation, and pay a fee of \$5.00? We believe we do.

If a change in agent, or place of business has taken place, who is now your agent, or where is your place of business now in Kentucky? see above.

Has there been a change in the name of president or secretary of your corporation since the filing of the last Statement of Corporation? no.

Do you have written authorization, in the form of a certificate, signed by the Secretary of State of Kentucky, showing that you have complied with the statutes relative to process agents, etc.? yes.

Are you familiar with the corporation laws of Kentucky? not all but possibly a good many.

#### NOTARY CERTIFICATE

Subscribed and sworn to before me by  
Charles A. Blatz, President of  
Falls City Mutual Fire Ins. Co.  
this the 31st day of July, 1941  
Louise C. Schauf  
Notary Public, of Jefferson  
County, State of Kentucky  
My Commission expires Jan 24/1945.

Charles A. Blatz President  
SIGNATURE  
Charles A. Blatz  
PRESIDENT (Print Name)  
Wm. Mehler Secy  
SIGNATURE  
Wm. Mehler.  
SECRETARY (Print Name)

This statement must be filed, annually, on or before July 1st.—FILING FEE \$1.00

Form Sec--D-S--AVR--N18

**RECEIVED**  
AUG 4 - 1941

George Glenn Hatcher  
SECRETARY OF STATE

The \$1.00 filing fee paid  
included in check for recording.

TO BE FILED WITH

# Commonwealth of Kentucky Department of State



TO GEORGE GLENN HATCHER,  
Secretary of State, Frankfort, Kentucky

## Annual Verification Report of Statement of Corporation Foreign or Domestic (Process Agents)

1. THE NAME OF CORPORATION IS Falls City Mutual Fire Insurance Company, Inc.
2. THE HOME OFFICE IS 749 E. Jefferson Street, Louisville, Ky.
3. A CORPORATION OF THE STATE OF Kentucky
4. When incorporated, or qualified in Kentucky Feb. 29th, 1884
5. Have you filed a Statement of Corporation naming process agent? Yes, or No? Yes
6. The Statement of Corporation filed in the office of the Secretary of State on \_\_\_\_\_ should indicate that (name and address) Falls City Mutual Fire Ins. Co. Inc., Ky. 749 E. Jefferson Street, Louisville, Ky. Mr. Chas. A. Blatz, Pres. was named our process agent, and 749 E. Jefferson St. Louisville, Ky. was designated as the place of business in Kentucky.
7. If you have designated a process agent and named a place of business, and a change is caused by death or otherwise of the agent, or by changing location of office or offices, you are required to file a new statement of corporation, and pay a fee of \$5.00.
8. If a change in agent, or place of business has taken place, who is now your agent, or where is your place of business now in Kentucky? None
9. Has there been a change in the name of president or secretary of your corporation since the filing of the last Statement of Corporation? No
10. Do you have written authorization in the form of a certificate, signed by the Secretary of State of Kentucky, showing that you have complied with the statutes relative to process agents, etc? Yes
11. Are you familiar with the corporation laws of Kentucky? We think so

### NOTARY CERTIFICATE

Subscribed and sworn to before me by

Chas. A. Blatz, President & W. Keller, Secretary  
this the 9th day of July 1942.

Louise C. Schaaf  
Notary Public, of Jefferson  
County, State of Kentucky

My Commission expires Jan. 11/1945

PRESIDENT

*Chas. A. Blatz*

PRESIDENT

Chas. A. Blatz  
(Print Name)

SECRETARY

*W. Keller*

SECRETARY

W. Keller  
(Print Name)

**THIS STATEMENT MUST BE FILED, ANNUALLY, ON OR BEFORE JULY 1ST.  
FILING FEE \$1.00.**

DO NOT WRITE HERE

Statement approved by \_\_\_\_\_

Fee accepted by \_\_\_\_\_

On date \_\_\_\_\_

**RECEIVED**

JUL 10 1942

(PLEASE READ REVERSE SIDE OF THIS FORM.)

George Glenn Hatcher  
SECRETARY OF STATE

TO BE FILED WITH

# Commonwealth of Kentucky

## Department of State



To GEORGE GLENN HATCHER,  
Secretary of State, Frankfort, Kentucky

### Annual Verification Report of Statement of Corporation Foreign or Domestic (Process Agents)

1. THE NAME OF CORPORATION IS FALLS CITY MUTUAL FIRE INSURANCE CO. INC.
2. THE HOME OFFICE IS 749 E. Jefferson St. Louisville, Ky.
3. A CORPORATION OF THE STATE OF Kentucky
4. When incorporated, or qualified in Kentucky Established Jan 23, 1869. Inc. Feb. 29/1884
5. Have you filed a Statement of Corporation naming process agent? Yes, or No? yes
6. The Statement of Corporation filed in the office of the Secretary of State on \_\_\_\_\_ should indicate that (name and address) Falls City Mutual Fire Ins. Co. Inc., Ky. 749 E. Jefferson Street, Louisville, Ky.  
Chas. A. Blatz was named our process agent, and 740 E. Jefferson St. Louisville, Ky. was designated as the place of business in Kentucky.
7. If you have designated a process agent and named a place of business, and a change is caused by death or otherwise of the agent, or by changing location of office or offices, you are required to file a new statement of corporation, and pay a fee of \$5.00.
8. If a change in agent, or place of business has taken place, who is now your agent, or where is your place of business now in Kentucky? none
9. Has there been a change in the name of president or secretary of your corporation since the filing of the last Statement of Corporation? no
10. Do you have written authorization in the form of a certificate, signed by the Secretary of State of Kentucky, showing that you have complied with the statutes relative to process agents, etc.? yes
11. Are you familiar with the corporation laws of Kentucky? we think so.

#### NOTARY CERTIFICATE

Subscribed and sworn to before me by  
Chas. A. Blatz  
this the 23rd day of June 19 43  
Louise C. Schopf  
Notary Public, of Jefferson  
County, State of KY.  
My Commission expires Jan 4/45.

PRESIDENT

Chas. A. Blatz

PRESIDENT

Chas. A. Blatz

SECRETARY

M. Mehler

SECRETARY

M. Mehler

SECRETARY

(Print Name)

THIS STATEMENT MUST BE FILED, ANNUALLY, ON OR BEFORE JULY 1ST—  
FILING FEE \$1.00.

DO NOT WRITE HERE

Statement approved by \_\_\_\_\_

Fee accepted by \_\_\_\_\_

On date \_\_\_\_\_

(PLEASE READ REVERSE SIDE OF THIS FORM.)

**RECEIVED**  
JUL 1 1943  
George Glenn Hatcher  
SECRETARY OF STATE

For The Year Ending 1945

**CHARLES K. O'CONNELL**

TO BE FILED WITH

JUN 27 1945

# Commonwealth of Kentucky Department of State

SECRETARY OF STATE



To Charles K. O'Connell  
Secretary of State, Frankfort, Kentucky

## Annual Verification Report of Statement of Corporation Foreign or Domestic (Process Agents)

1. THE NAME OF CORPORATION IS... Falls City Mutual Fire Ins. Co. Inc.
2. THE HOME OFFICE IS... 749 E. Jefferson Louisville Ky.  
(Street) (City) (State)
3. A CORPORATION OF THE STATE OF... Kentucky
4. When incorporated, or qualified in Kentucky... February 29th, 1894
5. Name of present process agent is: Chas. A. Blatz  
(Name)  
2331 Bonnycastle Ave. Louisville Ky.  
(Street) (City) (State)

6. If you have designated a process agent and named a place of business, and a change is caused by death or otherwise of the agent, or by changing location of office or offices, you are required to file a new statement of corporation, and pay a fee of \$5.00.

Chas A. Blatz  
PRESIDENT

Chas. A. Blatz  
PRESIDENT (Print Name)

Wm. Mehler  
SECRETARY

Wm. Mehler.  
SECRETARY (Print Name)

**PAID**

**THIS STATEMENT MUST BE FILED, ANNUALLY, ON OR BEFORE JULY 1ST.—  
FILING FEE \$1.00.**

(PLEASE READ REVERSE SIDE OF THIS FORM.)

For The Year 1946.

TO BE FILED WITH

# Commonwealth of Kentucky Department of State



To Charles K. O'Connell  
Secretary of State, Frankfort, Kentucky

## Annual Verification Report of Statement of Corporation Foreign or Domestic (Process Agents)

1. THE NAME CORPORATION IS Falls City Mutual Fire Insurance Co.
  2. THE HOME OFFICE IS 749 E. Jefferson St. Louisville, Ky.  
(Street) (City) (State)
  3. MAILING ADDRESS IS 749 E. Jefferson St. Louisville, Ky.
  4. A CORPORATION OF THE STATE OF Kentucky
  5. When incorporated, or qualified in Kentucky February 29, 1864
  6. Name of present process agent is: Chas. A. Blatz (Name)  
2331 Bonnycastle Ave. Louisville Ky.  
(Street) (City) (State)
7. If you have designated a process agent and named a place of business, and a change is caused by death or otherwise of the agent, or by changing location of office or offices, you are required to file a new statement of corporation, and pay a fee of \$5.00.

Chas. A. Blatz  
PRESIDENT  
Chas. A. Blatz  
PRESIDENT (Print Name)  
Wm. Mehler  
SECRETARY  
Wm. Mehler.  
SECRETARY (Print Name)

**SECRETARY OF STATE**  
JUN 14 1946  
O'CONNELL

THIS STATEMENT MUST BE FILED, ANNUALLY, ON OR BEFORE JULY 1ST.—  
FILING FEE \$1.00.

(PLEASE READ REVERSE SIDE OF THIS FORM.)

PAID

For The Year 1946

TO BE FILED WITH

# Commonwealth of Kentucky Department of State



To Charles K. O'Connell  
Secretary of State, Frankfort, Kentucky

## Annual Verification Report of Statement of Corporation Foreign or Domestic (Process Agents)

1. THE NAME OF CORPORATION IS Falls City Mutual Fire Insurance Co.,
2. THE HOME OFFICE IS 749 E. Jefferson St. Louisville Ky.  
(Street) (City) (State)
3. MAILING ADDRESS IS 749 E. Jefferson St. Louisville, Ky.
4. A CORPORATION OF THE STATE OF Kentucky
5. When incorporated, or qualified in Kentucky February 29, 1884
6. Name of present process agent is: Chas. Yantz  
749 E. Jefferson St. Louisville, Ky.  
(Street) (City) (State)

*No fee new agent*

7. If you have designated a process agent and named a place of business, and a change is caused by death or otherwise of the agent, or by changing location of office or offices, you are required to file a new statement of corporation, and pay a fee of \$5.00.

**CHARLES K. O'CONNELL**

PRESIDENT

*Chas Yantz*

NOV 11 1946

PRESIDENT

Chas. Yantz.

(Print Name)

SECRETARY OF STATE

SECRETARY

*Wm Mehler*

Wm Mehler.

SECRETARY

(Print Name)

**THIS STATEMENT MUST BE FILED, ANNUALLY, ON OR BEFORE JULY 1ST.—  
FILING FEE \$1.00.**

(PLEASE READ REVERSE SIDE OF THIS FORM.)

For The Year 1947

TO BE FILED WITH

# Commonwealth of Kentucky

Department of State

CHARLES E. O'CONNELL  
JUN 9 1947  
SECRETARY OF STATE



Delivered to the Secretary of State  
To: Charles K. O'Connell  
Secretary of State, Frankfort, Kentucky

## Annual Verification Report of Statement of Corporation Foreign or Domestic (Process Agents)

1. THE NAME CORPORATION IS Falls City Mutual Fire Insurance Co., Inc.
2. THE HOME OFFICE IS 740 E. Jefferson St. Louisville (2) Ky.  
(Street) (City) (State)
3. MAILING ADDRESS IS 740 E. Jefferson St. Louisville (2) Ky.  
(Street) (City) (State)
4. A CORPORATION OF THE STATE OF Kentucky
5. When incorporated, or qualified in Kentucky FEBRUARY 20, 1884
6. Name of present process agent is: Charles Yantz  
501 E. Camp Street Louisville (3) Ky.  
(Name) (Street) (City) (State)
7. If you have designated a process agent and named a place of business, and a change is caused by death or otherwise of the agent, or by changing location of office or offices, you are required to file a new statement of corporation, and pay a fee of \$5.00.

Charles Yantz  
PRESIDENT  
Charles Yantz  
PRESIDENT (Print Name)  
Wm. H. Heller  
SECRETARY  
Wm. H. Heller  
SECRETARY (Print Name)

**THIS STATEMENT MUST BE FILED, ANNUALLY, ON OR BEFORE JULY 1ST.—  
FILING FEE \$1.00.**

(PLEASE READ REVERSE SIDE OF THIS FORM.)

# Commonwealth of Kentucky

## Department of State

To George Glenn Hatcher



Secretary of State

### Annual Verification Report of Foreign or Domestic Corporations (Process Agents)

1. Have you named a process agent or agents, and designated a place of business in Kentucky, for your Corporation?  
..... yes .....
2. The records should indicate that the name of the present agent is Henry Fruechtenicht, President  
.....
3. Have you changed name of agent or place of business? (State change.)  
our former agent Chas. Yantz is deceased .....
4. The information imprinted below is from the official record as filed with the Secretary of State. Has there been a change in name of your Corporation, Home Office Address, or Mailing Address? ..... no .....
5. If changed, give new name and address .....

1948

Report for Year .....

FALLS CITY MUTUAL FIRE INSURANCE CO.  
749 EAST JEFFERSON STREET  
LOUISVILLE 2, KENTUCKY

2405  
1370  
P.V. 8601

State Inc. In KENTUCKY 1918  
and Home Address 749 E. JEFFERSON ST., LOUISVILLE, KY.

Year Qualified or Incorporated in Kentucky

This statement is filed and the answers and information are true and correct. Given over our signatures as:

**RECEIVED**  
**PLEASE ANSWER**  
**ALL QUESTIONS**

*X Henry Fruechtenicht*  
PRESIDENT  
Henry Fruechtenicht  
(Print Name)  
*John Hartstern*  
SECRETARY  
John Hartstern  
(Print Name)

THIS STATEMENT MUST BE FILED ANNUALLY BEFORE JULY 1 (IN JUNE)  
FILING FEE \$1.00 (See Section 271.035 and 271.385, KRS)

Mail to George Glenn Hatcher, Secretary of State, Frankfort, Kentucky.

PAID

8-3-48

*RJ*



# Commonwealth of Kentucky

## Department of State

To George Glenn Hatcher



Secretary of State

### Annual Verification Report of Foreign or Domestic Corporations (Process Agents)

1. Have you named a process agent or agents, and designated a place of business in Kentucky, for your Corporation?  
..... yes .....
2. The records should indicate that the name of the present agent is Henry Fruechtenicht, President.  
.....
3. Have you changed name of agent or place of business? (State change.)  
..... no .....
4. The information imprinted below is from the official record as filed with the Secretary of State. Has there been a change in name of your Corporation, Home Office Address, or Mailing Address? ..... no .....
5. If changed, give new name and address .....

Report for Year..... 1949  
1949

2628

FALLS CITY MUTUAL FIRE INSURANCE CO.  
749 EAST JEFFERSON STREET  
LOUISVILLE 2, KENTUCKY

State Inc. In	KENTUCKY	1918	Year Qualified or Incorporated
and			in Kentucky
Home Address	749 E. JEFFERSON ST., LOUISVILLE, KY		

This statement is filed and the answers and information are true and correct. Given over our signatures as:

Henry Fruechtenicht  
.....  
PRESIDENT

Henry Fruechtenicht  
.....  
PRESIDENT (Print Name)

John Hartstern  
.....  
SECRETARY

John Hartstern  
.....  
SECRETARY (Print Name)

### PLEASE ANSWER ALL QUESTIONS

THIS STATEMENT MUST BE FILED, ANNUALLY BEFORE JULY 1 (IN JUNE)  
FILING FEE \$1.00 (See Section 271.035 and 271.385, KRS)

# Commonwealth of Kentucky

## Department of State

To George Glenn Hatcher



Secretary of State

### Annual Verification Report of Foreign or Domestic Corporations (Process Agents)

1. Have you named a process agent or agents, and designated a place of business in Kentucky, for your Corporation?  
**yes**
2. The records should indicate that the name of the present agent is **Henry Fruechtenicht, President.**
3. Have you changed name of agent or place of business? (State change.)  
**no.**
4. The information imprinted below is from the official record as filed with the Secretary of State. Has there been a change in name of your Corporation, Home Office Address, or Mailing Address? **no**
5. If changed, give new name and address

*PK-8457*

Report for Year 1956

FALLS CITY MUTUAL FIRE INSURANCE CO.  
749 EAST JEFFERSON STREET  
LOUISVILLE 2, KENTUCKY

2926

State Inc. In **KENTUCKY** 1918  
and **749 E. JEFFERSON ST., LOUISVILLE, KY**  
Home Address

Year Qualified or Incorporated  
in Kentucky

1. Is your corporation still in existence? **yes** Expiration Date?

This statement is filed and the answers and information are true and correct. Given over our signatures as:

*Henry Fruechtenicht*  
PRESIDENT

**Henry Fruechtenicht**  
PRESIDENT (Print Name)

*John Hartstern*  
SECRETARY

**John Hartstern**  
SECRETARY (Print Name)

**PLEASE ANSWER ALL QUESTIONS**

JUN 26 1956

THIS STATEMENT MUST BE FILED, ANNUALLY BEFORE JULY 1 (IN JUNE)

FILING FEE \$1.00 (See Section 271.035 and 271.385, KRS)

Mail to George Glenn Hatcher, Secretary of State, Frankfort, Kentucky

**PAID**

OFFICIAL STATEMENT TO BE FILED WITH  
**Commonwealth of Kentucky**  
 Department of State

To George Glenn Hatcher



Secretary of State

**Annual Verification Report of Foreign or Domestic  
 Corporations (Process Agents)**

1. Have you named a process agent or agents and designated a place of business in Kentucky, for your Corporation?  
 yes
2. The records should indicate that the name of the present agent is Henry Fruechtenicht, President.
3. Have you changed name of agent or place of business? (State change)  
 no
4. The information imprinted below is from the official record as filed with the Secretary of State. Has there been a change in name of your Corporation, Home Office Address, or Mailing Address? no
5. If changed, give new name and address

7018752

Report for Year 1951

FALLS CITY MUTUAL FIRE INSURANCE CO.  
 749 EAST JEFFERSON STREET  
 LOUISVILLE 2, KENTUCKY

2834

State Inc. In **KENTUCKY** **1918** Year Qualified or Incorporated  
 and **749 E. JEFFERSON ST., LOUISVILLE, KY** in Kentucky  
 Home Address

1. Is your corporation still in existence? **yes** Expiration Date?

This statement is filed and the answers and information are true and correct. Given over our signatures as:

PAID JUN 20 1951 AMT. \$1.00

**PLEASE ANSWER  
 ALL QUESTIONS**

*Henry Fruechtenicht*  
 PRESIDENT  
 Henry Fruechtenicht  
 (Print Name)  
*John Hartstern*  
 SECRETARY  
 John Hartstern  
 (Print Name)

**THIS STATEMENT MUST BE FILED, ANNUALLY BEFORE JULY 1 (IN JUNE)  
 FILING FEE \$1.00 (See Section 271.035 and 271.385, KRS)**

Mail to George Glenn Hatcher, Secretary of State, Frankfort, Kentucky

# COMMONWEALTH OF KENTUCKY

## Department of State

To Charles K. O'Connell



Secretary of State

### Annual Verification Report of Foreign or Domestic Corporations (Process Agents)

1 Name of the present agent is Henry Fruechtenicht, President.  
(Name)

749 E. Jefferson Street Louisville Kentucky.  
(Street) (City) (State)

2 Have you changed name of agent or place of business? (State change.)  
no

3 The information imprinted below is from the official record as filed with the Secretary of State. If a change has been made in name of your Corporation, Home Office Address, or Mailing Address, give new name and address.  
no

FALLS CITY MUTUAL FIRE INSURANCE CO.  
 749 EAST JEFFERSON STREET  
 LOUISVILLE 2, KENTUCKY

REPORT FOR YEAR  
 1952

3157

State Inc. In KENTUCKY 1918  
 and Home Address 749 E. JEFFERSON ST., LOUISVILLE, KY.

Year Qualified or Incorporated  
 in Kentucky

4 Is your corporation still in existence? yes Expiration Date? .....

This statement is filed and the answers and information are true and correct. Given over our signatures as:

1952 JUN 17 PAID

PRESIDENT  
 PRESIDENT  
 SECRETARY  
 SECRETARY

Henry Fruechtenicht  
(Print Name)

*Henry Fruechtenicht, President*

John Hartstern  
(Print Name)

*John Hartstern Secy*

THIS STATEMENT MUST BE FILED, ANNUALLY BEFORE JULY 1  
 FILING FEE \$1.00 (See Section 271.035 and 271.385, KRS)

# COMMONWEALTH OF KENTUCKY

## Department of State



To Charles K. O'Connell

Secretary of State

### Annual Verification Report of Foreign or Domestic Corporations (Process Agents)

1. Name of the present agent is Henry Fruechtenicht, President.  
(Name)  
749 E. Jefferson St. Louisville (2) Ky.  
(Street) (City) (State)

2. Have you changed name of agent or place of business? (State change.)

NO

3. The information imprinted below is from the official record as filed with the Secretary of State. If a change has been made in name of your Corporation, Home Office Address, or Mailing Address, give new name and address.

no change made.

4. Name and address of corporation:

FALLS CITY MUTUAL FIRE INSURANCE CO.  
740 EAST JEFFERSON STREET  
LOUISVILLE 2, KENTUCKY

REPORT FOR YEAR  
1953

3189

State Inc. In KENTUCKY 1918  
and 740 E. JEFFERSON ST., LOUISVILLE, KY  
Home Address

Year Qualified or Incorporated  
in Kentucky

1. Is your corporation still in existence? Yes Expiration Date?.....

This statement is filed and the answers and information are true and correct. Given over our signatures as:

**PAID**  
JUN 19 1953

PRESIDENT Henry Fruechtenicht  
PRESIDENT Henry Fruechtenicht  
(Print Name)  
SECRETARY John Hartstern  
SECRETARY John Hartstern  
(Print Name)

THIS STATEMENT MUST BE FILED, ANNUALLY BEFORE JULY 1  
FILING FEE \$1.00 (See Section 271.035 and 271.385, KRS)

Mail to Charles K. O'Connell, Secretary of State, Frankfort, Kentucky

# COMMONWEALTH OF KENTUCKY

## Department of State



To Charles K. O'Connell

Secretary of State

### Annual Verification Report of Foreign or Domestic Corporations (Process Agents)

1. Name of the present agent is Henry Fruechtenicht (Name)  
749 E. Jefferson Street Louisville (2) Ky.  
 (Street) (City) (State)

2. Have you changed name of agent or place of business? (State change.)  
no change

3. The information imprinted below is from the official record as filed with the Secretary of State. If a change has been made in name of your Corporation, Home Office Address, or Mailing Address, give new name and address.  
no change

4. Name and address of corporation: REPORT FOR YEAR  
FALLS CITY MUTUAL FIRE INSURANCE CO. 1954  
749 EAST JEFFERSON STREET  
LOUISVILLE 2, KENTUCKY 3389

State Inc. In KENTUCKY 1918 Year Qualified or Incorporated  
 and 749 E. JEFFERSON ST., LOUISVILLE, KY in Kentucky  
 Home Address

1. Is your corporation still in existence? yes Expiration Date? \_\_\_\_\_  
 This statement is filed and the answers and information are true and correct. Given over our signatures as:

**PAID**  
 JUN 10 1954  
 SECRETARY OF STATE

Henry Fruechtenicht  
 PRESIDENT  
Henry Fruechtenicht  
 PRESIDENT (Print Name)  
John Hartstern  
 SECRETARY  
John Hartstern  
 SECRETARY (Print Name)

THIS STATEMENT MUST BE FILED, ANNUALLY BEFORE JULY 1  
 FILING FEE \$1.00 (See Section 271.035 and 271.385, KRS)

Mail to Charles K. O'Connell, Secretary of State, Frankfort, Kentucky

# COMMONWEALTH OF KENTUCKY

## Department of State



To Charles K. O'Connell

Secretary of State

### Annual Verification Report of Foreign or Domestic Corporations (Process Agents)

1. Name of the present agent is Henry C. Korfhage, President  
(Name)  
749 E. Jefferson St. Louisville (2) Ky.  
(Street) (City) (State)

2. Have you changed name of agent or place of business? (State change.)  
yes name of agent changed from Henry Fruechtenicht, Pres. to Henry C. Korfhage Pres.

3. The information imprinted below is from the official record as filed with the Secretary of State. If a change has been made in name of your Corporation, Home Office Address, or Mailing Address, give new name and address.  
NO

4. Name of Corporation

FALLS CITY MUTUAL FIRE INSURANCE CO.  
749 EAST JEFFERSON STREET  
LOUISVILLE 2, KENTUCKY

REPORT FOR YEAR  
1955  
**3579**

State Inc. In and Home Address KENTUCKY 1913  
749 E. JEFFERSON ST., LOUISVILLE, KY

Year Qualified or Incorporated in Kentucky

1. Is your corporation still in existence? YES Expiration Date? .....

This statement is filed and the answers and information are true and correct. Given over our signatures as:

**PAID**  
JUN 24 1955  
**SECRETARY OF STATE**

Henry C. Korfhage  
PRESIDENT  
Henry C. Korfhage  
PRESIDENT (Print Name)  
John Hartstern  
SECRETARY  
John Hartstern  
SECRETARY (Print Name)

**THIS STATEMENT MUST BE FILED, ANNUALLY BEFORE JULY 1**  
**FILING FEE \$1.00 (See Section 271.035 and 271.385, KRS)**

Mail to Charles K. O'Connell, Secretary of State, Frankfort, Kentucky

# COMMONWEALTH OF KENTUCKY

## Department of State

To Thelma L. Stovall



Secretary of State

### Annual Verification Report of Foreign or Domestic Corporations (Process Agents)

1. Name of the present agent is Henry C. Korfhage, President.  
(Name)

749 E. Jefferson St. Louisville Ky.  
(Street) (City) (State)

2. Have you changed name of agent or place of business? (State change.)  
no.

3. The information imprinted below is from the official record as filed with the Secretary of State. If a change has been made in name of your Corporation, Home Office Address, or Mailing Address, give new name and address.  
no change.

4. Name of Corporation

FALLS CITY MUTUAL FIRE INSURANCE CO.  
749 EAST JEFFERSON STREET  
LOUISVILLE 2, KENTUCKY

REPORT FOR YEAR  
1956

4108

State Inc. In **KENTUCKY** **1918**  
and Home Address **749 E. JEFFERSON ST., LOUISVILLE, KY**

Year Qualified or Incorporated  
in Kentucky

1. Is your corporation still in existence? YES Expiration Date? .....

This statement is filed and the answers and information are true and correct. Given over our signatures as:

**PAID**

JUN 19 1956

SECRETARY OF STATE

Henry C. Korfhage  
PRESIDENT

HENRY C. KORFHAGE, PRESIDENT.  
PRESIDENT (Print Name)

John Hartstern  
SECRETARY

JOHN HARTSTERN, SECRETARY.  
SECRETARY (Print Name)

THIS STATEMENT MUST BE FILED, ANNUALLY BEFORE JULY 1  
FILING FEE \$1.00 (See Section 271.035 and 271.385, KRS)

Mail to Thelma L. Stovall, Secretary of State, Frankfort, Kentucky



# COMMONWEALTH OF KENTUCKY

## Department of State

To Thelma L. Stovall



Secretary of State

### Annual Verification Report of Foreign or Domestic Corporations (Process Agents)

1. Name of the present agent is Henry C. Korfhage, President.  
(Name)

749 E. Jefferson St. Louisville (2) Ky.  
(Street) (City) (State)

2. Have you changed name of agent or place of business? (State change.)  
no change

3. The information imprinted below is from the official record as filed with the Secretary of State. If a change has been made in name of your Corporation, Home Office Address, or Mailing Address, give new name and address.  
no change

4. Name of Corporation

FALLS CITY MUTUAL FIRE INSURANCE CO.  
 749 EAST JEFFERSON STREET  
 LOUISVILLE 2, KENTUCKY

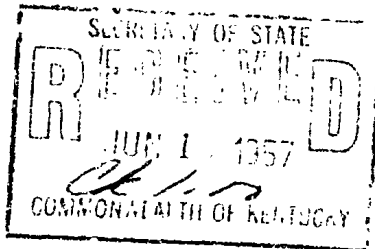
REPORT FOR YEAR  
 1957  
 4069

State Inc. In KENTUCKY 1918  
 and  
 Home Address 749 E. JEFFERSON ST., LOUISVILLE, KY

Year Qualified or Incorporated  
 in Kentucky

1. Is your corporation still in existence? YES Expiration Date? \_\_\_\_\_

This statement is filed and the answers and information are true and correct. Given over our signatures as:



Henry C. Korfhage  
 PRESIDENT

Henry C. Korfhage  
 PRESIDENT (Print Name)

John Hartstern  
 SECRETARY

John Hartstern  
 SECRETARY (Print Name)

# COMMONWEALTH OF KENTUCKY

## Department of State

To Thelma L. Stovall



Secretary of State

### Annual Verification Report of Foreign or Domestic Corporations (Process Agents)

SEE INSTRUCTIONS ON REVERSE SIDE

1. Name of the present agent is Henry C. Korfhage (Name)

749 E. Jefferson St. (Street) Louisville (City) Ky. (State)

2. Have you changed name of agent or place of business? (State change.)  
no

3. The information imprinted below is from the official record as filed with the Secretary of State. If a change has been made in name of your Corporation, Home Office Address, or Mailing Address, give new name and address.

4. Name of Corporation

THE KENTUCKY TRADING COMPANY  
749 E. JEFFERSON ST., LOUISVILLE, KY

1919  
4200

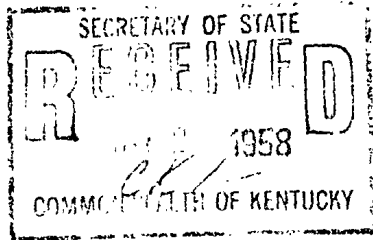
State Inc. In  
and  
Home Address

KENTUCKY 1919  
749 E. JEFFERSON ST., LOUISVILLE, KY

in Kentucky  
Year Qualified or Incorporated

1. Is your corporation still in existence? yes Expiration Date? .....

This statement is filed and the answers and information are true and correct. Given over our signatures as:



Henry C. Korfhage  
PRESIDENT

Henry C. Korfhage  
PRESIDENT (Print Name)

John Hartstern  
SECRETARY

John Hartstern  
SECRETARY (Print Name)

5- 31910

**THIS STATEMENT MUST BE FILED, ANNUALLY BEFORE JULY 1  
FILING FEE \$1.00 (See Section 271.035 and 271.385, KRS)**

Mail to Thelma L. Stovall, Secretary of State, Frankfort, Kentucky

# COMMONWEALTH OF KENTUCKY

## Department of State

To Thelma L. Stovall



Secretary of State

### Annual Verification Report of Foreign or Domestic Corporations (Process Agents)

SEE INSTRUCTIONS ON REVERSE SIDE

1. Name of the present agent is Henry C. Korfhage, President  
(Name)

749 E. Jefferson St. Louisville Ky.  
(Street) (City) (State)

2. Have you changed name of agent or place of business? (State change.)  
NO

3. The information imprinted below is from the official record as filed with the Secretary of State. If a change has been made in name of your Corporation, Home Office Address, or Mailing Address, give new name and address.  
no change

4. Name of Corporation

FALLS CITY MUTUAL FIRE INSURANCE CO.  
749 EAST JEFFERSON STREET  
LOUISVILLE 2, KENTUCKY

REPORT FOR YEAR  
1959

61003

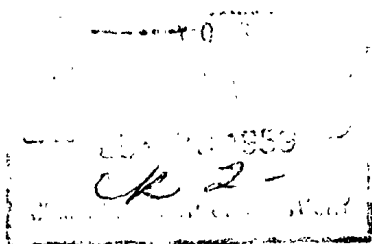
4643

State Inc. In KENTUCKY 1918  
and 749 E. JEFFERSON ST., LOUISVILLE, KY  
Home Address

in Kentucky  
Year Qualified or Incorporated

1. Is your corporation still in existence? YES Expiration Date? .....

This statement is filed and the answers and information are true and correct. Given over our signatures as:



Henry C. Korfhage  
PRESIDENT  
Henry C. Korfhage  
PRESIDENT (Print Name)  
John Hartstern  
SECRETARY  
John Hartstern  
SECRETARY (Print Name)

THIS STATEMENT MUST BE FILED, ANNUALLY BEFORE JULY 1

(See Section 271.035 and 271.385, KRS)

FILING FEE \$2.00

Mail to Thelma L. Stovall, Secretary of State, Frankfort, Kentucky

# COMMONWEALTH OF KENTUCKY

## Department of State

To Henry H. Carter

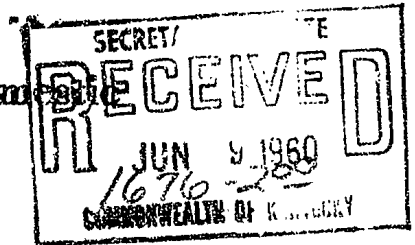


Secretary of State

### Annual Verification Report of Domestic

### Corporations (Process Agents)

SEE INSTRUCTIONS ON REVERSE SIDE



1. Name of the present agent is Henry C. Korfhage, President.  
(Name)  
749 E. Jefferson Street Louisville Ky.  
(Street) (City) (State)

2. Have you changed name of agent or place of business? (State change.)  
NO

3. The information imprinted below is from the official record as filed with the Secretary of State. If a change has been made in name of your Corporation, Home Office Address, or Mailing Address, give new name and address.  
no change

4. Name of Corporation

FALLS CITY MUTUAL FIRE INSURANCE CO.  
 749 EAST JEFFERSON STREET  
 LOUISVILLE 2, KENTUCKY

REPORT FOR YEAR  
 1960

5189

State Inc. In and Home Address KENTUCKY 1919 in Kentucky  
749 E. JEFFERSON ST., LOUISVILLE, KY. Year Qualified or Incorporated

1. Is your corporation still in existence? YES Expiration Date? \_\_\_\_\_

This statement is filed and the answers and information are true and correct. Given over our signatures as:

Henry C. Korfhage  
 PRESIDENT  
Henry C. Korfhage  
 PRESIDENT (Print Name)  
John Hartstern  
 SECRETARY  
John Hartstern  
 SECRETARY (Print Name)

**THIS STATEMENT MUST BE FILED, ANNUALLY BEFORE JULY 1  
 FILING FEE \$2.00 (See Section 271.035 and 271.385, KRS)**

Mail to Henry H. Carter, Secretary of State, Frankfort, Kentucky

# COMMONWEALTH OF KENTUCKY

## Department of State

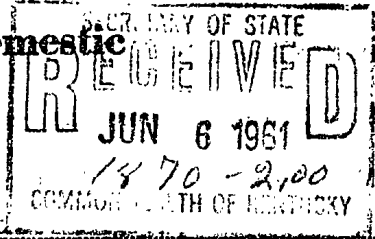
To Henry H. Carter



Secretary of State

### Annual Verification Report of Domestic Corporations (Process Agents)

SEE INSTRUCTIONS ON REVERSE SIDE



1. Name of the present agent is Henry C. Korfhage, President  
(Name)  
749 E. Jefferson Street Louisville Ky.  
(Street) (City) (State)

2. Have you changed name of agent or place of business? (State change.)  
no

3. The information imprinted below is from the official record as filed with the Secretary of State. If a change has been made in name of your Corporation, Home Office Address, or Mailing Address, give new name and address.  
no change

4. Name of Corporation  
FALLS CITY MUTUAL FIRE INSURANCE CO. REPORT FOR YEAR  
749 EAST JEFFERSON STREET 1961  
LOUISVILLE 2, KENTUCKY 5643

State Inc. In KENTUCKY 1918  
and 749 E. JEFFERSON ST., LOUISVILLE, KY.  
Home Address in Kentucky  
Year Qualified or Incorporated

1. Is your corporation still in existence? YES Expiration Date? \_\_\_\_\_

This statement is filed and the answers and information are true and correct. Given over our signatures as:

Henry C. Korfhage  
PRESIDENT  
Henry C. Korfhage  
PRESIDENT (Print Name)  
John Hartstern  
SECRETARY  
John Hartstern  
SECRETARY (Print Name)

**THIS STATEMENT MUST BE FILED, ANNUALLY BEFORE JULY 1  
FILING FEE \$2.00 (See Section 271.035 and 271.385, KRS)**

Mail to Henry H. Carter Secretary of State, Frankfort, Kentucky

# COMMONWEALTH OF KENTUCKY

## Department of State



To Henry H. Carter

Secretary of State

### Annual Verification Report of Domestic Corporations (Process Agents)

SEE INSTRUCTIONS ON REVERSE SIDE

1. Name of the present agent is Henry C. Korfhage  
(Name)  
749 E. Jefferson Street Louisville (2) Ky.  
(Street) (City) (State)

2. Have you changed name of agent or place of business? (State change.)  
no change.

3. The information imprinted below is from the official record as filed with the Secretary of State. If a change has been made in name of your Corporation, Home Office Address, or Mailing Address, give new name and address.  
no change.

4. Name of Corporation

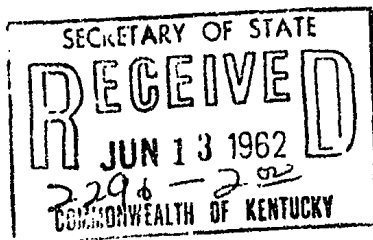
FALLS CITY MUTUAL FIRE INSURANCE CO.  
749 EAST JEFFERSON STREET  
LOUISVILLE 2, KENTUCKY

REPORT FOR  
YEAR 1962

6001

State Inc. In KENTUCKY 1918  
and 749 E. JEFFERSON ST., LOUISVILLE, KY. in Kentucky  
Home Address Year Qualified or Incorporated

1. Is your corporation still in existence? YES Expiration Date? \_\_\_\_\_  
This statement is filed and the answers and information are true and correct. Given over our signatures as:



Henry C. Korfhage  
PRESIDENT  
Henry C. Korfhage  
PRESIDENT (Print Name)  
John Hartstern  
SECRETARY  
John Hartstern  
SECRETARY (Print Name)

THIS STATEMENT MUST BE FILED, ANNUALLY BEFORE JULY 1  
FILING FEE \$2.00 (See Section 271.035 and 271.385, KRS)

Mail to Henry H. Carter, Secretary of State, Frankfort, Kentucky

# COMMONWEALTH OF KENTUCKY

## Department of State

To Henry H. Carter



Secretary of State

### Annual Verification Report of Domestic Corporations (Process Agents)

SEE INSTRUCTIONS ON REVERSE SIDE

1. Name of the present agent is Henry C. Korfhage, President  
(Name)  
749 E. Jefferson St. Louisville (2) Kentucky.  
(Street) (City) (State)

2. Have you changed name of agent or place of business? (State change.)  
no.

3. The information imprinted below is from the official record as filed with the Secretary of State. If a change has been made in name of your Corporation, Home Office Address, or Mailing Address, give new name and address.  
no change.

4. Name of Corporation

FALLS CITY MUTUAL FIRE INSURANCE CO.  
749 EAST JEFFERSON STREET  
LOUISVILLE 2, KENTUCKY

REPORT FOR  
YEAR 1963

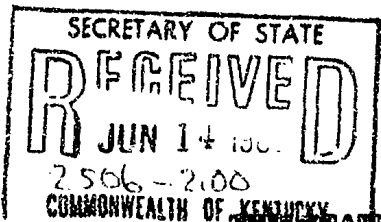
6483

State Inc. In KENTUCKY 1918  
and Home Address 749 E. JEFFERSON ST., LOUISVILLE, KY.

in Kentucky  
Year Qualified or Incorporated

1. Is your corporation still in existence? YES Expiration Date? \_\_\_\_\_

This statement is filed and the answers and information are true and correct. Given over our signatures as:



Henry C. Korfhage  
PRESIDENT  
Henry C. Korfhage  
PRESIDENT (Print Name)  
John Hartstern  
SECRETARY  
John Hartstern,  
SECRETARY (Print Name)

**THIS STATEMENT MUST BE FILED, ANNUALLY BEFORE JULY 1**  
**FILING FEE \$2.00 (See Section 271.035 and 271.385, KRS)**

Mail to Henry H. Carter, Secretary of State, Frankfort, Kentucky

# COMMONWEALTH OF KENTUCKY

## Department of State



To Henry H. Carter

Secretary of State

### Annual Verification Report of Domestic Corporations (Process Agents)

SEE INSTRUCTIONS ON REVERSE SIDE

1. Name of the present agent is Henry C. Korfhage, President.  
(Name)

749 E. Jefferson Street Louisville Ky. (40202)  
(Street) (City) (State)

2. Have you changed name of agent or place of business? (State change)  
.....N.O.....

3. The information imprinted below is from the official record as filed with the Secretary of State. If a change has been made in name of your Corporation, Home Office Address, or Mailing Address, give new name and address.  
no change

4. Name of Corporation

PAULS CITY MUTUAL FIRE INSURANCE CO.  
749 EAST JEFFERSON STREET  
LOUISVILLE 2, KENTUCKY

REPORT FOR  
YEAR 1964

5-006201

7025

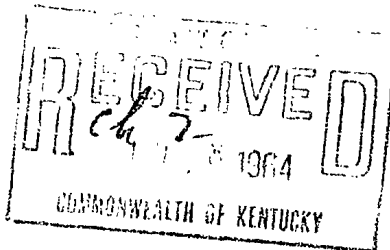
State Inc. In  
and  
Home Address

KENTUCKY 1918  
749 E. JEFFERSON ST., LOUISVILLE, KY.

in Kentucky  
Year Qualified or Incorporated

1. Is your corporation still in existence? Yes Expiration Date? .....

This statement is filed and the answers and information are true and correct. Given over our signatures as:



Henry C. Korfhage  
PRESIDENT  
Henry C. Korfhage  
PRESIDENT (Print Name)  
John L. Hartstern  
SECRETARY  
John L. Hartstern  
SECRETARY (Print Name)

THIS STATEMENT MUST BE FILED. ANNUALLY BEFORE JULY 1  
FILING FEE \$2.00 (See Section 271.035 and 271.385, KRS)

Mail to Henry H. Carter, Secretary of State, Frankfort, Kentucky



# COMMONWEALTH OF KENTUCKY

## Department of State

To Thelma L. Stovall



Secretary of State

### Annual Verification Report of Domestic Corporations (Process Agents)

SEE INSTRUCTIONS ON REVERSE SIDE

1. Name of the present agent is Henry C. Korfhage, President  
(Name)

749 E. Jefferson Street Louisville, Kentucky  
(Street) (City) (State)

2. Have you changed name of agent or place of business? (State change.)  
no.

3. The information imprinted below is from the official record as filed with the Secretary of State. If a change has been made in name of your Corporation, Home Office Address, or Mailing Address, give new name and address.  
no change

4. Name of Corporation

PAVLO CITY MUTUAL FIRE INSURANCE CO.  
749 EAST JEFFERSON STREET  
LOUISVILLE 2, KENTUCKY

REPORT FOR  
YEAR 1965

7884

State Inc. In  
and  
Home Address

KENTUCKY 1918  
749 E. JEFFERSON ST., LOUISVILLE, KY. Year Qualified or Incorporated  
in Kentucky

1. Is your corporation still in existence? YES Expiration Date? .....

This statement is filed and the answers and information are true and correct. Given over our signatures as:

ck 2  
6/7/65

Henry C. Korfhage  
PRESIDENT

Henry C. Korfhage  
PRESIDENT (Print Name)

John L. Hartstern  
SECRETARY

John L. Hartstern  
SECRETARY (Print Name)

THIS STATEMENT MUST BE FILED, ANNUALLY BEFORE JULY 1  
FILING FEE \$2.00 (See Section 271.035 and 271.385, KRS)

Mail to Thelma L. Stovall, Secretary of State, Frankfort, Kentucky

# COMMONWEALTH OF KENTUCKY

## Department of State



To Thelma L. Stovall

Secretary of State

### Annual Verification Report of Domestic Corporations (Process Agents)

SEE INSTRUCTIONS ON REVERSE SIDE

1. Name of the present agent is Henry C. Korfhage, President.  
(Name)  
749 E. Jefferson Street Louisville, Kentucky (40202)  
(Street) (City) (State)

2. Have you changed name of agent or place of business? (State change.)  
No.

3. The information imprinted below is from the official record as filed with the Secretary of State. If a change has been made in name of your Corporation, Home Office Address, or Mailing Address, give new name and address.  
no change

4. Name of Corporation

FALLS CITY MUTUAL FIRE INSURANCE CO.  
749 EAST JEFFERSON STREET  
LOUISVILLE 2, KENTUCKY

REPORT FOR  
YEAR 1966

511 2112

7776

State Inc. in KENTUCKY 1918  
and 749 E. JEFFERSON ST., LOUISVILLE, KY.  
Home Address Year Qualified or Incorporated in Kentucky

1. Is your corporation still in existence? YES Expiration Date? \_\_\_\_\_

This statement is filed and the answers and information are true and correct. Given over our signatures as:

Henry C. Korfhage  
PRESIDENT  
Henry C. Korfhage  
PRESIDENT (Print Name)  
John L. Hartstern  
SECRETARY  
John L. Hartstern  
SECRETARY (Print Name)

Ch 2.00

THIS STATEMENT MUST BE FILED, ANNUALLY BEFORE JULY 1  
FILING FEE \$2.00 (See Section 271.035 and 271.385, KRS)

Mail to Thelma L. Stovall, Secretary of State, Frankfort, Kentucky

# COMMONWEALTH OF KENTUCKY

## Department of State Annual Verification Report of Domestic Corporations (Process Agents)

SEE INSTRUCTIONS ON REVERSE SIDE

1. Name of Corporation

1918 BOND INVESTMENT TRUST CORPORATION  
719 EAST THIRD STREET  
LOUISVILLE 2, KENTUCKY

REPORT FOR  
YEAR 1957

8009

State Inc. In  
and  
Home Address

KENTUCKY  
749 E. JEFFERSON ST., LOUISVILLE, KY

1918 Year Qualified or Incorporated  
in Kentucky

2. Name of the present agent is Henry C. Korfhage, President  
(Name)

749 E. Jefferson Street Louisville, Ky.  
(Street) (City) (State)

3. Have you changed name of agent or place of business? (State change.)

no.

4. The information imprinted above is from the official record as filed with the Secretary of State. If a change has been made in name of your Corporation, Home Office Address, or Mailing Address, give new name and address.

No change

5. Is your corporation still in existence? yes Expiration Date? \_\_\_\_\_

This statement is filed and the answers and information are true and correct. Given over our signatures as:

Henry C. Korfhage  
PRESIDENT

Henry C. Korfhage  
PRESIDENT (Print Name)

John L. Hartstern  
SECRETARY

John L. Hartstern  
SECRETARY (Print Name)

THIS STATEMENT MUST BE FILED, ANNUALLY BEFORE JULY 1  
FILING FEE \$2.00 (See Section 271.035 and 271.385, KRS)

Mail to Thelma L. Stovall, Secretary of State, Frankfort, Kentucky

# COMMONWEALTH OF KENTUCKY

## Department of State

### Annual Verification Report of Domestic

### Corporations (Process Agents)

SEE INSTRUCTIONS ON REVERSE SIDE

1. Name of Corporation

FIREMAN MUTUAL FIRE INSURANCE CO.  
715 W. MARKET STREET  
LOUISVILLE 2, KENTUCKY

1913  
1913

3977

State Inc. In  
and  
Home Address

KY  
740 E. JEFFERSON ST., LOUISVILLE, KY

1913

Year Qualified or Incorporated  
in Kentucky

2. Name of the present agent is Henry C. Korfhage, President.  
(Name)

740 E. Jefferson Street Louisville, Ky. (40202)  
(Street) (City) (State)

3. Have you changed name of agent or place of business? (State change.)

No.

4. The information imprinted above is from the official record as filed with the Secretary of State. If a change has been made in name of your Corporation, Home Office Address, or Mailing Address, give new name and address.

No change.

5. Is your corporation still in existence? YES Expiration Date? \_\_\_\_\_

This statement is filed and the answers and information are true and correct. Given over our signatures as:

SECRETARY OF STATE  
**RECEIVED**  
JUN 11 1960

5-068065  
Commonwealth of Kentucky

Henry C. Korfhage  
PRESIDENT  
Henry C. Korfhage President.  
PRESIDENT (Print Name)  
John L. Hartstern  
SECRETARY  
John L. Hartstern, Sec'y.  
SECRETARY (Print Name)

THIS STATEMENT MUST BE FILED, ANNUALLY BEFORE JULY 1  
FILING FEE \$2.00 (See Section 271.035 and 271.385, KRS)

Mail to Elmer Begley, Secretary of State, Frankfort, Kentucky

# COMMONWEALTH OF KENTUCKY

## Department of State Annual Verification Report of Domestic

### Corporations (Process Agents)

SEE INSTRUCTIONS ON REVERSE SIDE

1. Name of Corporation

FALLS CITY MUTUAL FIRE INSURANCE CO.  
749 EAST JEFFERSON STREET  
LOUISVILLE 2, KENTUCKY

REPORT FOR  
YEAR 1969

7203

State Inc. In  
and  
Home Address

KENTUCKY 1913  
749 E. JEFFERSON ST., LOUISVILLE, KY

Year Qualified or Incorporated  
in Kentucky

2. Name of the present agent is FALLS CITY MUTUAL FIRE INSURANCE COMPANY  
(Name)

Henry C. Korfhage - President

749 E. Jefferson Street Louisville, Kentucky 40202  
(Street) (City) (State)

3. Have you changed name of agent or place of business? (State change.)

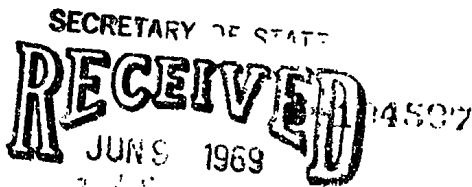
No.

4. The information imprinted above is from the official record as filed with the Secretary of State. If a change has been made in name of your Corporation, Home Office Address, or Mailing Address, give new name and address.

No Change

5. Is your corporation still in existence? YES Expiration Date? \_\_\_\_\_

This statement is filed and the answers and information are true and correct. Given over our signatures as:



Commonwealth of Kentucky

Henry C. Korfhage  
PRESIDENT

HENRY C. KORFHAGE  
PRESIDENT (Print Name)

John L. Hartstern  
SECRETARY

JOHN L. HARTSTERN  
SECRETARY (Print Name)

THIS STATEMENT MUST BE FILED, ANNUALLY BEFORE JULY 1

FILING FEE \$2.00 (See Section 271.035 and 271.385, KRS)

Mail to Elmer Begley, Secretary of State, Frankfort, Kentucky

# COMMONWEALTH OF KENTUCKY

## Department of State Annual Verification Report of Domestic

Corporations (Process Agents)

SEE INSTRUCTIONS ON REVERSE SIDE

SECRETARY  
RECEIVED  
MAY 26 1970  
\$2.00  
Commonwealth of Kentucky

1. Name of Corporation

FALLS CITY MUTUAL FIRE INSURANCE CO.  
749 EAST JEFFERSON STREET  
LOUISVILLE 2, KENTUCKY

REPORT FOR  
YEAR 1970

State Inc. In  
and  
Home Address

KENTUCKY

749 E. JEFFERSON ST., LOUISVILLE, KY

Year Qualified or Incorporated  
1918 in Kentucky

2. Name of the present agent is

FALLS CITY MUTUAL FIRE INSURANCE COMPANY

(Name)

749 E. Jefferson Street - Louisville,

(Street)

(City)

Kentucky -

(State)

40202

3. Have you changed name of agent or place of business? (State change.)

No

4. The information imprinted above is from the official record as filed with the Secretary of State. If a change has been made in name of your Corporation, Home Office Address, or Mailing Address, give new name and address.

SAME - No Change

5. Is your corporation still in existence? YES

Expiration Date?.....

This statement is filed and the answers and information are true and correct. Given over our signatures as:

NOTICE: INCREASE IN FEES  
EFFECTIVE JUNE 18, 1970

The 1970 Legislature increased  
the Domestic Report fees from  
\$2 to \$5. Reports received  
prior to June 18, 1970 will be  
at the old rate of \$2.00.

PRESIDENT

*Henry C. Korfhage*  
Henry C. Korfhage -

PRESIDENT

(Print Name)

SECRETARY

*John L. Hartstern*  
John L. Hartstern -

SECRETARY

(Print Name)

THIS STATEMENT MUST BE FILED, ANNUALLY BEFORE JULY 1  
FILING FEE \$2.00 (See Section 271.035 and 271.385, KRS)

Mail to Limer Begley, Secretary of State, Frankfort, Kentucky

# COMMONWEALTH OF KENTUCKY

## Department of State

### Annual Verification Report of Domestic

#### Corporations (Process Agents)

SEE INSTRUCTIONS ON REVERSE SIDE

1. Name of Corporation

FALLS CITY MUTUAL FIRE INSURANCE CO.  
749 EAST JEFFERSON STREET  
LOUISVILLE 2, KENTUCKY

State Inc. In  
and  
Home Address

KENTUCKY

749 E. JEFFERSON ST., LOUISVILLE, KY

REPORT FOR  
Year Qualified or Incorporated  
in Kentucky YEAR 1971

1918

2. Name of the present agent is FALLS CITY MUTUAL FIRE INSURANCE COMPANY

(Name)

749 E. JEFFERSON STREET - LOUISVILLE,

(Street)

(City)

KENTUCKY -

(State)

40202

3. Have you changed name of agent or place of business? (State change.)

NO

4. The information imprinted above is from the official record as filed with the Secretary of State. If a change has been made in name of your Corporation, Home Office Address, or Mailing Address, give new name and address.

Same - No change

5. Is your corporation still in existence? YES Expiration Date? \_\_\_\_\_

This statement is filed and the answers and information are true and correct. Given over our signatures as:

100014  
Commonwealth of Kentucky

Henry C. Korfhage  
PRESIDENT  
HENRY C. KORFHAGE -  
(Print Name)  
John L. Hartstern  
SECRETARY  
JOHN L. HARTSTERN -  
(Print Name)

THIS STATEMENT MUST BE FILED, ANNUALLY BEFORE JULY 1  
FILING FEE \$5.00 (See Section 271.385, KRS)

Mail to Kenneth F. Harper, Secretary of State, Frankfort, Kentucky

# COMMONWEALTH OF KENTUCKY

## Department of State

### Annual Verification Report of Domestic

### Corporations (Process Agents)

SEE INSTRUCTIONS ON REVERSE SIDE

1. Name of Corporation

FALLS CITY MUTUAL FIRE INSURANCE CO.  
749 EAST JEFFERSON STREET  
LOUISVILLE 2, KENTUCKY

REPORT FOR  
YEAR 1972

State Inc. In  
and  
Home Address

KENTUCKY  
749 E. JEFFERSON ST., LOUISVILLE, KY

Year Qualified or Incorporated  
1918 in Kentucky

2. Name of the present agent is FALLS CITY MUTUAL FIRE INSURANCE COMPANY  
(Name)

749 E. Jefferson Street - Louisville, Kentucky - 40202  
(Street) (City) (State)

3. Have you changed name of agent or place of business? (State change.)

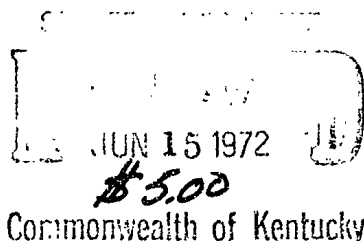
NO -

4. The information imprinted above is from the official record as filed with the Secretary of State. If a change has been made in name of your Corporation, Home Office Address, or Mailing Address, give new name and address.

Same - No Change

5. Is your corporation still in existence? YES - Expiration Date? \_\_\_\_\_

This statement is filed and the answers and information are true and correct. Given over our signatures as:



PRESIDENT

*Henry C. Korfhage*

HENRY C. KORFHAGE -

PRESIDENT

(Print Name)

SECRETARY

*John L. Hartstern*

JOHN L. HARTSTERN -

SECRETARY

(Print Name)

THIS STATEMENT MUST BE FILED ANNUALLY BEFORE JULY 1  
FILING FEE \$5.00 (See Section 271.385, KRS)

Mail to Thelma L. Stovall, Secretary of State, Frankfort, Kentucky



# COMMONWEALTH OF KENTUCKY

## Office of Secretary of State of Kentucky ANNUAL REPORT OF CORPORATIONS

PLEASE READ ALL QUESTIONS CAREFULLY

1. Name and mailing address of corporation:

THE FALLS CITY MUTUAL INSURANCE  
COMPANY  
749 EAST JEFFERSON ST.  
LOUISVILLE, KENTUCKY

1973

State of Incorporation

and Home Address KENTUCKY

1918

Year Qualified or  
Incorporated in Ky.

1973

749 E. JEFFERSON ST., LOUISVILLE, KY

2. Is the mailing address of this corporation, as set out above, correct? yes If not, please indicate the correct mailing address of this corporation:

THE FALLS CITY MUTUAL INSURANCE COMPANY

749 E. JEFFERSON STREET - Louisville, Kentucky - 40202

3. Is this corporation in existence and transacting business in Kentucky? YES (If the answer is NO, please see instruction No. 2 on reverse side.)

4. Is the name of this corporation the same as set out above? YES (If the answer is NO, please see instruction No. 3 on reverse side.)

5. Have the articles of incorporation been changed or amended? YES (If the answer is YES, please see instruction No. 4 on reverse side.)

6. Has the registered agent or his address been changed? No (If the answer is YES, please see instruction No. 5 on reverse side.)

7. Is this a PROFESSIONAL SERVICE CORPORATION under KRS Chapter 274? No (If the answer is YES, please see instruction No. 6 on reverse side.)

*Marvin E. Likins*

Signature of President or Vice President

MARVIN E. LIKINS - Pres.

Please Print or Type Name

*John L. Hartstern*

Signature of Secretary or Assistant Secretary

JOHN L. HARTSTERN \* Sec'y

Please Print or Type Name

500

This report is required by law to be filed annually before July 1st.

FILING FEE: Please refer to instruction No. 1 on reverse side.

00000333

# COMMONWEALTH OF KENTUCKY

## Office of Secretary of State of Kentucky ANNUAL REPORT OF CORPORATIONS

PLEASE READ ALL QUESTIONS CAREFULLY

1. Name and mailing address of corporation:  
 THE FALLS CITY MUTUAL INSURANCE COMPANY  
 749 EAST JEFFERSON ST.  
 LOUISVILLE, KENTUCKY

REPORT FOR  
YEAR 1974

State of Incorporation and Home Address KENTUCKY 1918 Year Qualified or Incorporated in Ky. 1974-  
 749 E. JEFFERSON ST., LOUISVILLE, KY

2. Is the mailing address of this corporation, as set out above, correct? yes If not, please indicate the correct mailing address of this corporation:

3. Is this corporation in existence and transacting business in Kentucky? yes (If the answer is NO, please see instruction No. 2 on reverse side.)

4. Is the name of this corporation the same as set out above? yes (If the answer is NO, please see instruction No. 3 on reverse side.)

5. Have the articles of incorporation been changed or amended? Yes (If the answer is YES, please see instruction No. 4 on reverse side.)

6. Has the registered agent or his address been changed? No (If the answer is YES, please see instruction No. 5 on reverse side.)

7. Is this a PROFESSIONAL SERVICE CORPORATION under KRS Chapter 274? No (If the answer is YES, please see instruction No. 6 on reverse side.)

*Marvin E. Likins*

Signature of President or Vice President

MARVIN E. LIKINS - Pres.

Please Print or Type Name

*John L. Hartstern*

Signature of Secretary or Assistant Secretary

JOHN L. HARTSTERN - Sec'y

Please Print or Type Name

07691

200

This report is required by law to be filed annually before July 1st.

FILING FEE: Please refer to instruction No. 1 on reverse side.

# COMMONWEALTH OF KENTUCKY

## Office of Secretary of State of Kentucky ANNUAL REPORT OF CORPORATIONS

PLEASE READ ALL QUESTIONS CAREFULLY

1. Name and mailing address of corporation:

THE FALLS CITY MUTUAL INSURANCE  
COMPANY  
749 EAST JEFFERSON ST.  
LOUISVILLE, KENTUCKY

10674

REPORT FOR  
YEAR 1975

State of Incorporation

and Home Address KENTUCKY

1918

Year Qualified or  
Incorporated in Ky.

749 E. JEFFERSON ST., LOUISVILLE, KY

2. Is the mailing address of this corporation, as set out above, correct? Yes If not, please indicate the correct mailing address of this corporation:

3. Is this corporation in existence and transacting business in Kentucky? Yes (If the answer is NO, please see instruction No. 2 on reverse side.)

4. Is the name of this corporation the same as set out above? Yes (If the answer is NO, please see instruction No. 3 on reverse side.)

5. Have the articles of incorporation been changed or amended? yes (If the answer is YES, please see instruction No. 4 on reverse side.)

6. Has the registered agent or his address been changed? No (If the answer is YES, please see instruction No. 5 on reverse side.)

7. Is this a PROFESSIONAL SERVICE CORPORATION under KRS Chapter 274? No (If the answer is YES, please see instruction No. 6 on reverse side.)

SECRETARY OF STATE

RECEIVED

MAR 17 1975

ck 2  
Commonwealth of Kentucky

*Marvin E. Likins*

Signature of President or Vice President  
Marvin E. Likins - Pres.

Please Print or Type Name

*John L. Hartsstern*  
Signature of Secretary or Assistant Secretary  
John L. Hartsstern - Sec'y

Please Print or Type Name

07172 This report is required by law to be filed annually before July 1st.

FILING FEE: Please refer to instruction No. 1 on reverse side.

**SECTION B**

CORRECTION & ADDITIONS (PLEASE TYPE)  
USE THIS SECTION ONLY TO CHANGE OR ADD  
INFORMATION MISSING IN SECTION A.

**ANNUAL REPORT**

OFFICE OF THE SECRETARY OF STATE  
CORPORATE RECORDS SECTION  
CAPITOL BUILDING  
FRANKFORT KENTUCKY 40601

DATE DUE 07-01-1976 DELINQUENT NO  
ANNUAL FEE \$  
NON-PROFIT \$2.00

PLEASE REVIEW SECTION A FOR CORRECTNESS AND COMPLETENESS  
IF NECESSARY CORRECT THIS REPORT BY FILING A CORRECTIVE COPY WITH YOUR ANNUAL FEE  
IF YOU ARE A NON-PROFIT ORGANIZATION, PLEASE CHECK THE APPROPRIATE BOXES  
THANK YOU FOR YOUR COOPERATION

**SECTION A**

(1) RECORD NO. 016674 (2) DATE OF INCORPORATION OR CERTIFICATE OF AUTH. 00-18-8210

(3) FEDERAL EMPLOYER IDENTIFICATION NO. SECRET (4) STATUS ACTIVE

(5) AGENT FOR PROCESS  
JOHN L. HARTSTEAN  
749 E. JEFFERSON ST.  
LOUISVILLE, KY. 40202

(6) EXACT NAME  
THE FALLS CITY MUTUAL INSURANCE  
COMPANY

(7) MAILING ADDRESS  
749 E. JEFFERSON ST.  
LOUISVILLE, KY. 40202

(8) OFFICERS & DIRECTORS  
MARVIN F. LIKINS PRES.  
JOHN L. HARTSTEAN V. PRES.  
TREAS.  
SECTY.

(9) AUTHORIZED SHARES  
XXXXXXXXXX DISREGARD THIS FIELD

(2) DATE OF INCORP. \_\_\_\_\_ (3) FEDERAL EMPLOYER IDENTIFICATION NO. 61-018-8210

AGENT FOR PROCESS  
SECRET  
eh 071

YOUR EXACT NAME  
THE FALLS CITY MUTUAL INSURANCE COMPANY

MAILING ADDRESS  
909 South Shelby Street  
Louisville, Ky. 40203

OFFICERS & DIRECTORS  
Marvin F. Likins President  
Merle R. Likins V-President  
Alvin L. Meier Sec'y. & Treas.

(9) AUTH. SHARES  
XXXXXXXXXX

I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT; I FURTHER  
DECLARE THAT I AM AUTHORIZED TO SIGN THIS REPORT FOR THIS ENTITY.

AUTHORIZED SIGNATURE  
Marvin F. Likins

TITLE  
President

TELEPHONE NO. 585-3185

057R2

PLEASE RETURN THIS COPY WITH FILING FEE

**ANNUAL REPORT**

OFFICE OF THE SECRETARY OF STATE  
CORPORATE RECORDS SECTION  
CAPITOL BUILDING  
FRANKFORT, KENTUCKY 40601

REPORT FOR 1977 DUE JULY 1, 1977

STANDING CODE

PHONE NUMBER

(502) 504-7353

**SECTION B**  
CORRECTIONS AND ADDITIONS (PLEASE TYPE)  
USE THIS SECTION ONLY TO CHANGE OR ADD INFORMATION MISSING IN SECTION A

**SECTION A**

(1) RECORD NO 16074 (2) DATE OF INCORPORATION OR CERTIFICATE OF DUE 01-00-00

(3) STATE OF INCORPORATION KENTUCKY

(5) PROCESS AGENT JOHN L. HARTSTERN  
~~XXXXXXXXXXXXXXXXXXXX~~ 909 So. Shelby St.  
LOUISVILLE, KY. 40203

(6) EXACT CORPORATE NAME THE FALLS CITY MUTUAL INSURANCE COMPANY

(7) MAILING ADDRESS 909 SOUTH SHELBY STREET  
LOUISVILLE, KY. 40203

12781

FOR OFFICE USE ONLY

(2) DATE OF INCORP 9/3/77 (3) INCORPORATION STATE OF

(5) PROCESS AGENT 909 South Shelby Street  
Louisville, Ky. 40203

IF YOU WISH TO CHANGE PROCESS AGENT OR ADDRESS, PLEASE CONTACT THIS OFFICE FOR APPROPRIATE FORMS.

(6) EXACT CORPORATE NAME SECRETARY OF STATE  
RECEIVED  
MAR 02 1977

(7) MAILING ADDRESS Ch. Sm.  
Committee Health of Kentucky  
PLEASE INCLUDE ZIP CODE HERE

PLEASE NOTE: IF YOU ARE A KRS CHAPTER 274 CORPORATION (PROFESSIONAL SERVICE CORPORATION) PLEASE SEE REVERSE SIDE OF THIS REPORT.

**INSTRUCTIONS**

PLEASE MAKE NECESSARY CORRECTIONS. SIGN FORM, AND SEND YELLOW COPY WITH YOUR ANNUAL FEE OF \$100 (CHECKS PAYABLE TO KENTUCKY STATE TREASURER) IN THE ENCLOSED ENVELOPE. RETAIN GREEN COPY FOR YOUR RECORDS.

I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I FURTHER DECLARE THAT I AM AUTHORIZED TO SIGN THIS REPORT FOR THIS ENTITY.

AUTHORIZED SIGNATURE *Marvin E. Johnson*  
TITLE President TELEPHONE NO. 502-585-3185

REPORT FOR 1976

DUE JULY 1, 1976

**ANNUAL REPORT**  
OFFICE OF THE SECRETARY OF STATE  
CORPORATE RECORDS SECTION  
CAPITAL BUILDING  
FRANKFORT, KENTUCKY 40601

SECTION B  
CORRECTIONS AND ADDITIONS (PLEASE TYPE)  
USE THIS SECTION ONLY TO CHANGE OR ADD  
INFORMATION MISSING IN SECTION A.

STANDING: 6000

PHONE NUMBER 502 564-7530

(2) DATE OF INCORP

STATE OF INCORPORATION

(1) RECORD NO. 16674

DATE OF INCORPORATION (2) OR CERTIFICATE OF AUTHORITY 06-00-00

(3) STATE OF INCORPORATION KENTUCKY

(4) PROCESS AGENT JOHN L. HARTSTEEN  
509 S. SHELBY ST.  
LOUISVILLE, KY. 40203

(5) EXACT CORPORATE NAME THE FALLS CITY MUTUAL INSURANCE COMPANY

(6) MAILING ADDRESS 909 SOUTH SHELBY STREET  
LOUISVILLE, KY. 40203

IF YOU WISH TO CHANGE PROCESS AGENT OR PROCESS AGENT'S NAME, PLEASE CONTACT THIS OFFICE FOR APPROPRIATE FORMS

APR 14 1978

COMMONWEALTH OF KENTUCKY

PLEASE INCLUDE ZIP CODE HERE

PLEASE NOTE: IF YOU ARE A KRS CHAPTER 274 CORPORATION (PROFESSIONAL SERVICE CORPORATION) PLEASE SEE REVERSE SIDE OF THIS REPORT

PLEASE MAKE NECESSARY CORRECTIONS, SIGN FORM, AND SEND YELLOW COPY WITH YOUR ANNUAL FEE OF 2.00 (CHECKS PAYABLE TO KENTUCKY STATE TREASURER) IN THE ENCLOSED ENVELOPE. RETAIN GREEN COPY FOR YOUR RECORDS. DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I FURTHER DECLARE THAT I AM AUTHORIZED TO SIGN THIS REPORT FOR THIS ENTITY.

AUTHORIZED SIGNATURE *Wm. E. Libman*

FOR OFFICE USE ONLY

TITLE President

TELEPHONE NO. 502-585-3185

THIS FORM HAS BEEN REVISED TO COMPLY WITH POSTAL REGULATIONS.

PLEASE ATTACH ANNUAL FILING FEE HERE

PLEASE RETURN THIS COPY WITH FILING FEE

REPORT FOR 1979

DUE JULY 1, 1979

**ANNUAL REPORT**  
OFFICE OF THE SECRETARY OF STATE  
CORPORATE RECORDS SECTION  
CAPITAL BUILDING  
FRANKFORT, KENTUCKY 40601

SECTION B  
CORRECTIONS AND ADDITIONS PLEASE TYPE  
IN THIS SECTION ONLY TO CHANGE OR ADD  
INFORMATION MISSING IN SECTION A

STANDING 0000

SECTION A

PHONE NUMBER 204 750

(2) DATE OF INCORP 2-29-84

(1) RECORD NO 10074

(2) DATE OF INCORPORATION OR CERTIFICATE OF AUTH 00-00-00

(3) STATE OF INCORPORATION KENTUCKY

(4) PROCESS AGENT JOHN L. HARTSHORN  
909 S. SHELBY ST.  
LOUISVILLE, KY. 40201

(5) EXACT CORPORATE NAME THE FALLS CITY MUTUAL LIFE INSURANCE COMPANY

(6) MAILING ADDRESS 705 SOUTH SHELBY ST. L.  
LOUISVILLE, KY. 40201

10023

(1) PROCESS AGENT

(5) MAILING ADDRESS

(6) MAILING ADDRESS

IF YOU WISH TO CHANGE PROCESS AGENT OR ADDRESS  
PLEASE CONTACT THIS OFFICE FOR APPROPRIATE FORMS

PLEASE INCLUDE ZIP CODE HERE **40201**

PLEASE NOTE IF YOU ARE A RE-CHARTERED OR RE-INCORPORATION PROFESSIONAL SERVICE CORPORATION, PLEASE SEE REVERSE OF THIS REPORT

PLEASE MAKE NECESSARY CORRECTIONS SIGN FORM AND SEND YELLOW COPY WITH YOUR ANNUAL FEE OF \$2.00 (CHECKS PAYABLE TO KENTUCKY STATE TREASURER) IN THE ENCLOSED ENVELOPE RETAIN GREEN COPY FOR YOUR RECORDS

I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT I FURTHER DECLARE THAT I AM AUTHORIZED TO SIGN THIS REPORT FOR THIS ENTITY

AUTHORIZED SIGNATURE *Marion E. Tidman*

**ANNUAL REPORT**  
OFFICE OF THE SECRETARY OF STATE  
CORPORATE RECORDS SECTION  
CAPITAL BUILDING  
FRANKFORT, KENTUCKY 40601

REPORT FOR 1980 DUE JULY 1, 1980

STANDING 0000 SECTION A PHONE 502 564-7330

(1) RECORD NO. 16074 (2) DATE OF INCORPORATION OR CERTIFICATE OF ADJ. 00-00-00

(3) STATE OF INCORPORATION KENTUCKY

(4) PROCESS AGENT JOHN L. HARTSTEEN  
909 S. SHELBY ST.  
LOUISVILLE, KY. 40203

(5) EXACT CORPORATE NAME THE FALLS CITY MUTUAL INSURANCE COMPANY

(6) MAILING ADDRESS 909 SLOTH SHELBY STREET  
LOUISVILLE, KY. 40203

FOR OFFICE USE ONLY

001328

SECTION B  
CORRECTIONS AND ADDITIONS (PLEASE TYPE)  
USE THIS SECTION ONLY TO CHANGE OR ADD  
INFORMATION MISSING IN SECTION A

(2) DATE OF INCORP. STATE OF INCORPORATION

(4) PROCESS AGENT

IF YOU WISH TO CHANGE PROCESS AGENT OR ADDRESS  
PLEASE CONTACT THIS OFFICE FOR APPROPRIATE FORMS

(5) EXACT CORPORATE NAME

(6) MAILING ADDRESS

PLEASE INCLUDE ZIP CODE HERE

PLEASE NOTE IF YOU ARE A KRS CHAPTER 274 CORPORATION, PROFESSIONAL SERVICE CORPORATION, PLEASE SEE REVERSE SIDE OF THIS REPORT.

PLEASE MAKE NECESSARY CORRECTIONS, SIGN FORM, AND SEND YELLOW COPY WITH YOUR ANNUAL FEE OF (CHECKS PAYABLE TO KENTUCKY STATE TREASURER) IN THE ENCLOSED ENVELOPE. RETAIN GREEN COPY FOR YOUR RECORDS. I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I FURTHER DECLARE THAT I AM AUTHORIZED TO SIGN THIS REPORT FOR THIS ENTITY.

AUTHORIZED SIGNATURE *Marvin E. Johnson*

TITLE **President** TELEPHONE NO. 502-585-3785

THIS FORM HAS BEEN REVISED TO COMPLY WITH POSTAL REGULATIONS.